

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces SOP 9-PAY HEALTH PLAN PREMIUM



Version 6.0 November 2020. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.





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SOP 9 – Pay Health Plan Premium

A. Introduction

When a consumer selects an individual market health plan at HealthCare.gov, the Federally-Facilitated Marketplace (FFM) provides a link to the plan's website or displays contact information so that the consumer can contact the plan directly to make premium payments. Online premium payment is optional, and not every health insurance company offers online payment. Consumers should contact their health insurance company with any specific questions about acceptable methods or deadlines for premium payment. Please make sure consumers understand that the Marketplace doesn't accept payments on behalf of insurance companies. The insurance company, not the Marketplace, handles all financial transactions that consumers need to make related to their Marketplace coverage.

Health insurance companies offering plans in the FFM are required to accept paper checks, cashier's checks, money orders, electronic fund transfers (EFTs), and all general-purpose, prepaid debit cards as payment methods. The insurance company must present all payment method options equally and allow a consumer to select their preferred payment method.

Insurance companies may accept the initial premium payment by a method that's exclusive to that payment. For example, online payment ("payment redirect") may allow payment of the initial month's premium by credit card, even though the health insurance company doesn't accept credit cards as a method of payment for regular, monthly premiums.

Premium payment method options must not improperly discriminate against any consumer or group of consumers. Insurance companies may not offer a discount on premiums to individuals who elect a specific type of premium payment method (like EFT). Additionally, insurance companies may not apply additional fees to a consumer based on payment method. For example, an insurance company may not pass on administrative fees for processing a premium payment via credit card.

Before helping consumers make a payment, it's important to understand that consumers' financial payment information (like bank account, debit card, and credit card numbers) must be kept private and secure, just like all personally identifiable information (PII) that you may encounter while helping a consumer. Exhibit 1 specifies appropriate and inappropriate assister activities when helping consumers make a premium payment.

This Standard Operating Procedure (SOP) document provides guidance on how to help consumers make premium payments once they've selected a plan.





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Exhibit 1 - Premium Payment Assistance Do's and Don'ts

Don't Do Use consumers' financial information Assure consumers that you will protect any financial information consumers share with you for personal gain. and that the FFM doesn't collect their financial Enter consumers' payment methods information because the consumer will make (like credit card information) on their their payments directly to the health insurance behalf unless the consumer specifically company of the plan they selected. requests help and asks you to enter Keep any financial information that consumers specific information. share with you private and secure. Turn computers toward consumers to keep their information private (if in-person). Ask consumers to enter their own financial information.

Procedures

1. Make a Premium Payment

To help consumers submit a premium payment, complete the following steps:

- **Step 1.** Advise consumers that they must:
 - a. Pay their first month's premium by the health plan's due date to avoid losing coverage.
 - b. Continue to pay their premiums every month of the year to stay covered.
 - c. Pay careful attention to their premium due dates because each health insurance company is different.
- **Step 2.** Advise consumers to contact their health insurance company to learn what forms of premium payments are accepted.
- Step 3. Help consumers pay their first month's premium. Common ways health insurance companies accept premium payments include:
 - a. Online:
 - Instruct consumers to check for instructions on their premium bill to pay online or call their health insurance company to find out if the plan accepts online payments. Some plans mail online payment instructions separately.

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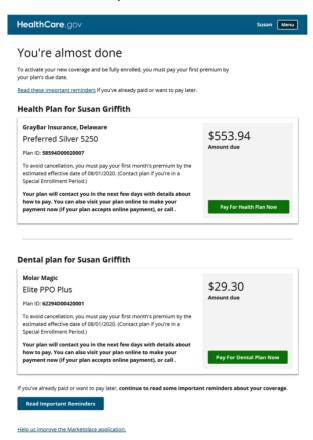
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ii. Help consumers log into their HealthCare.gov account, select their application and then "Pay Your First Premium". Then select the **Pay for Health Plan Now** button, as shown in Exhibit 2. They'll be directed to their insurance company's payment portal to make a payment.

Exhibit 2—Pay for Health Plan Screenshot



Remind consumers that to protect their PII, they should log out of the insurance company's website after making their premium payments.

- b. Mail: Consumers should review instructions received in the mail with the bill from the insurance company on how to pay. Consumers should note that it may take a day or two before their plan selection shows up in the insurance company's system.
- c. Phone: Consumers should call the insurance company to see if they can make a payment over the phone with a credit card, debit card, prepaid card number, or by providing bank account information.
- d. In person: Consumers should contact their insurance company to see if it has walk-in centers and ask for locations and hours of operation.

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e. Cash: Consumers should contact their insurance company to see if and where they can pay cash. Some insurance companies allow cash payments as a special service at local pharmacies, convenience stores, or other locations. If the insurance company doesn't accept cash payments, other options may be available, including second-chance bank accounts or prepaid cards.

2. Verify Active Coverage

To help consumers determine if their health insurance is active, complete the following steps:

- **Step 1.** Advise consumers to check their online Marketplace account.
 - a. Instruct consumers to log into their HealthCare.gov account and select their completed application under "Your Existing Applications."
 - b. Instruct consumers to select "My Plans & Programs" to determine which plan they're enrolled in.
 - i. Consumers will be able to view a summary of their coverage. Advise consumers that their start date depends on when they enrolled in or changed plans.
 - ii. If consumers aren't able to view a summary of their coverage or aren't sure they finished their enrollment, direct them to call their insurance company. The insurance company can confirm if the consumer enrolled and paid their first month's premium.
- **Step 2.** Advise consumers on accessing their plan enrollment materials.
 - a. Advise consumers that their health insurance company will send them a membership package with enrollment materials and a health insurance card as proof of insurance.
 - b. Advise consumers to carefully review their enrollment materials and use their plan's provider directory to determine where they can receive care.
 - c. If consumers don't receive a card, instruct them to call their insurance company to ask if they should have received one already and to make sure their coverage is effective. The consumer can find their insurance company's phone number on their website.

C. Next Steps

- 1. If consumers don't have their payment information (like a credit card or their bank account routing information), they should visit their insurance company's website or contact the insurance company's call center to make a payment at a later time.
- 2. If consumers have further questions or issues concerning premium payments, they should contact their insurance company's call center.
- 3. For more help answering consumers' specific questions, refer to Appendix A for Frequently Asked Questions (FAQs).

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Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on premium payments for QHPs selected through the Marketplace.

- FAQ 1. What financial information can I update in my Marketplace account?
 - Answer: You can update household income information in your Marketplace account. However, you must visit your health insurance company's website to update payment information for your monthly premiums (e.g., bank account information, credit card information).
- FAQ 2. How do I make payments?
 - Answer: Your insurance company will inform you of the acceptable payment methods.
 Generally, you can make payments through your plan's website if the insurance company accepts online payments, by phone if the insurance company accepts payments by phone, or by mail directly to the health insurance company. You won't make payments for Marketplace coverage to the FFM, but the FFM may help redirect you to your health insurance company's website so you can pay your premium.
- FAQ 3. Can I make payments by check? Can I pay in cash?
 - Answer: Your health insurance company will inform you of their acceptable payment methods.
 Health insurance companies offering plans in the FFM are required to accept payment methods that are available to consumers who don't have checking accounts or credit cards.
- FAQ 4. What happens if I miss a payment? Does my coverage end?
 - Answer: You'll need to contact your health insurance company to confirm what happens after missing a payment. Coverage might not end immediately, and your health insurance company may provide a grace period. Under Marketplace rules, insurance companies must provide a grace period of three consecutive months for an enrollee who is receiving advance payments of the premium tax credit (APTC) at the time they fail to timely pay premiums. Marketplace insurance companies must also grant enrollees who don't receive APTC a grace period according to state laws. Assisters and consumers may want to contact their state's Department of Insurance for more information on grace periods based on state rules. Note: if you don't pay your first premium payment (called the binder payment), your coverage never becomes active.
- FAQ 5. Does my premium amount include any APTC I receive?
 - Answer: Yes, the Marketplace communicates to your insurance company the amount of APTC you are receiving, and the insurance company automatically deducts any APTC you are receiving from the full monthly premium to calculate the amount for you to pay.
- FAQ 6. How do I know if my coverage started after I paid the first month's premium?
 - Answer: You can check your Marketplace account or contact the insurance company's call center to determine if your health coverage is active.

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FAQ 7. Where can I find more information about my health plan?

• Answer: You can find more information in your enrollment materials from your health insurance company or by contacting the insurance company's call center.

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Appendix B: Support Resources

If consumers need help that's outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 3 provides a list of external resources.

Exhibit 3—External Resources

Resource	Contact Information	What does this resource do?	How should consumers use this resource?
Marketplace Call Center	1-800-318-2596 TTY: 1-855-889-4325 (all languages available)	The Marketplace Call Center provides assistance to consumers who need information or want to enroll in health coverage through the Marketplace.	 To get answers to questions while applying for health coverage using the online or paper application. To apply for health coverage over the phone.
HealthCare.gov	<u>HealthCare.gov</u>	Allows consumers to access information about the Patient Protection and Affordable Care Act and to enroll in health coverage through the Marketplace.	 To find out about health coverage options available through the Marketplace. To apply for health coverage.